



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 030000034

CITY OR TOWN DUXBURY

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: DANA V. BATTISTA

DOING BUSINESS AS DUXBURY BEACH PARK 2

ADDRESS 435 GURNET ROAD

CITY/TOWN: DUXBURY

STATE: MA

ZIP CODE: 02332

MANAGER: BATTISTA, DANA TYPE OF LICENSE: Restaurant
V.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME STRUCTURE..SEASONAL BEACH RESTAURANT WITH COUNTER AND TABLE
SERVICE OF FULL MENU ITEMS..ALCOHOL TO BE SERVED IN DINING AREA ONLY..(NO COUNTER
SERVICE FOR ALCOHOL)..ONE ENTRANCE/EXIT BY FRONT COUNTER, ONE ENTRANCE/EXIT BY
DINING ROOM, ONE EXIT IN REAR OF RESTAURANT..

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 030000046

CITY OR TOWN DUXBURY

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: DUXBURY PACKAGE STORE INC.

DOING BUSINESS AS DUXBURY PACKAGE STORE

ADDRESS 277 ST. GEORGE STREET

CITY/TOWN: DUXBURY

STATE: MA

ZIP CODE: 02332

MANAGER: PATEL, SANGITA TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

CONVENIENCE STORE AND DELI WITH AN EXISTING ANNUAL WINE AND MALT. APPRX. 35'X45' OF RETAIL SPACE IN A WOOD FRAMED BUILDING. TWO DOORS FACING ST. GEORGE STREET AND TWO DOORS IN REAR FOR SERVICE AND EXIT FOR EMPLOYEES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: